ALUMNI TRAVEL PROTECTION
ENROLLMENT FORM

OR ENROLL ONLINE AT https://alumni.trawickinternational.com/school/welcome/17838/

PARTICIPANTS

	Name: First, Last (Please Print)	Date of Birth (MM/DD/YY)
1		/ /
2		/ /
3		/ /
4		/ /

Choose One Option (for all participants): ☐ Basic ☐ Enhanced

TRIP INFORMATION

Alumni Organization Sponsoring Trip

Initial Trip Payment/Deposit Date* / /

*Required to qualify for Early Purchase Benefits

Departure Date (MM/DD/YY) / /

Return Date (MM/DD/YY) / /

Indicate types of travel arrangements you are insuring:
☐ Air ☐ Land ☐ Cruise ☐ Rail

Primary Travel Destination

ADDRESS & CONFIRMATION DELIVERY

Name

Address

City State ZIP

Phone

Email Address

Any person who knowingly and with intent to defraud any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. I understand that **Early Purchase Requirements** may apply to certain benefits (See Important Notes #2). I have read, and understand and agree to the terms and conditions of the plan, as detailed in the Certificate of Insurance (See Important Notes #1).

Signature Date

☐ **Consent to Electronic Delivery of Documents**

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILINGS OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE ELECTRONIC DELIVERY.

PAYMENT CALCULATION PER PARTICIPANT

Plan Cost Rates Chart (Circle Plan Choice)

BASIC PLAN							
AGE BAND	0–35	36–45	46–55	56–65	66–75	76–79	80+
GROSS PROGRAM FEE OF TRIP COST	5.00%	6.90%	8.00%	10.00%	13.30%	14.90%	22.5% PA only

ENHANCED PLAN							
AGE BAND	0–35	36–45	46–55	56–65	66–75	76–85	86+
GROSS PROGRAM FEE OF TRIP COST	5.75%	8.25%	9.25%	11.50%	15.50%	22.00%	24.00%

- Multiply Rate with each Participant's Trip Cost
- Use each Participant's Age as of Enrollment Postmark Date

	Trip Cost		Rate (See Chart)		Plan Cost
1		X		=	
2		X		=	
3		X		=	
4		X		=	

To add optional Cancel For Any Reason coverage to your Enhanced Plan (Must be purchased for all participants on this enrollment form): ..... 1.40* x =

Subtotal:

Total Plan Cost (include all)

Nonrefundable Processing Fee**: + $5.00

Total Payment Due:

*Travelers age 0-35 in AK, MO or PA, please call for pricing
**Fee not applicable to residents of AK, CA, MO, MT or SC

PAYMENT TYPE

☐ Check (Payable to Nationwide)
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number

Expiration Date / / Card Security Code Billing ZIP Code

I authorize Nationwide Travel Plans to charge my credit card for the premium indicated.

Signature of Cardholder

Don't wait to protect your next trip. Complete the Enrollment Form and send to:

Trawick International, Inc.
300 Fairhope Ave., Suite G
Fairhope, AL 36532
Email: alumni@trawickinternational.com
Phone: 1-833-424-4932